



State of New Jersey
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF EMPLOYER ACCOUNTS
PO BOX 913
TRENTON, NEW JERSEY 08625-0913

JON S. CORZINE
Governor

DAVID J. SOCOLOW
Commissioner

***CERTIFICATION OF TIMELY PAYMENT OF
APPLICABLE FEDERAL & STATE PAYROLL TAXES
BY AN EMPLOYEE LEASING COMPANY (PEO)***

NAME OF PEO _____

TAXPAYER ID #: _____

I hereby certify that all applicable Federal and State Payroll Taxes including, but not limited to, Federal Withholding, FICA, State Withholding, Unemployment, Disability, Workforce and Supplemental Workforce Development Fund Contributions, have been paid in full and on time for _____ for the above named Employee Leasing Company.
(Qtr.) (Year)

(Name & Address of Accounting Firm)

(Signature)

(Telephone Number)

(Date)

FS-429

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DIVISION OF EMPLOYER ACCOUNTS – STATUS/EXPERIENCE RATING SECTION
(609) 633-6400 – Ext. 2209 | FAX (609) 777-4926